

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10781190

FLING DATE

2-19-04

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		2					58						
9		2					59						
10		2					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		4					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	33						TOTAL DEP.						
TOTAL CLAIMS	34						TOTAL CLAIMS						